

Office of Information Services Enhancement Request Form

To: Division of Administration
Office of Information Services
P.O. Box 94095 Capitol Station
Baton Rouge, LA 70804-9095
Messenger Address: 1201 N. 3rd Street, Suite 2-190
Baton Rouge, LA 70802

Requestor Identification

Name: **Date of Request:**
Title: **E-Mail Address:**
Agency/Section: **Phone Number:**
Reference Number:

Enhancement Description

Application/Functional Area(s) Affected:

Description of Proposed Change:

Business Reason for Change:

Priority:

Critical: Severe impact on productivity is eminent; a change is needed before that point is reached.

Important: Impact on productivity is expected; work-around is being used; a change is needed.

Desirable: Impact on productivity is minimal; a change is needed.

Desired Implementation Date:

Agency Approval

Title - Name	Signature	Date